



Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
Nassau Life and Annuity Insurance Company (the Company)

Partnership Authorization

Regular Mail: PO Box 758573, Topeka, KS 66675-8573

Overnight Mail: 5801 SW 6th Mail Zone-573, Topeka, KS 66636-0001

Insured Information

Policy Number(s):	Name of Insured(s) (First, Middle, Last)	Tax ID
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Authorization

We hereby authorize the following partner(s) to sign on behalf of the Partnership for any dealings with the above numbered policies, including, but not limited to, cash surrender, cash loans, dividend transactions, changes of beneficiary and changes of ownership.

The undersigned hereby authorizes _____
(Name of General Partner)

to sign on behalf of _____
(Name of Partnership)

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signatures

We hereby certify that _____ has applied for the above policy(s) and that the firm
Name of Partnership
consists of the following general partners and that there are no other general partners of the firm as printed below. The undersigned hereby agree to protect the Company from any loss it may suffer as the result of its reliance upon this authorization.

Signed at _____ on this date _____
State (mm/dd/yyyy)

Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)
Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)
Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)
Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)
Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)
Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)

This authorization shall remain in effect until revoked in writing.

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ____/ ____/ ____/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____

